

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41923

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>387</u>	
1. PLACE OF DEATH a. COUNTRY <u>St. Francois---</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Francois twp.</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>Missouri</u> COUNTY <u>St. Genevieve</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Barney</u> a. (First) <u>Frey</u> b. (Middle) <u>Frey</u> c. (Last) <u>Frey</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> <u>29</u> <u>50</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 4, 1888</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>2</u>		11. DAYS <u>25</u>		12. HOURS <u>19</u> MIN. <u>50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Frey</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen Horton</u>			
14. NAME OF HUSBAND OR WIFE <u>Mary Turley</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>489-14-9846</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Frey, Farmington, Mo.</u>				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				1998			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-12, 1950</u> , to <u>11-29, 1950</u> , that I last saw the deceased alive on <u>11-29, 1950</u> , and that death occurred at <u>5:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Knotts, MD</u> (Degree or title)				23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>12-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 1, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Genevieve Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozean Funeral Home, Farmington, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 11 1950

RECEIVED

1951 8 18
MAY 17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4084

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.